



VECINOS UNIDOS

## Volunteer Application Form

Please complete and submit **ONE** of the attached forms.

Email your completed application form to:  
[volunteer@vecinosunidos.org](mailto:volunteer@vecinosunidos.org)

Adult  
Volunteer Application



# Adult Volunteer Application

• [vecinosunidos.org](http://vecinosunidos.org) • [volunteer@vecinosunidos.org](mailto:volunteer@vecinosunidos.org) • 703-201-2809

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## VOLUNTEER INFORMATION

Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

Are you fluent in a language other than English? \_\_\_\_\_

What days are you available to volunteer? \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs

Do you have other skills or knowledge that you might like to contribute to VU?

\_\_\_\_\_

Optional: List any severe allergies or serious medical conditions you want us to be aware of:

\_\_\_\_\_

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## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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## AFFIRMATION AND RELEASE

I, \_\_\_\_\_ (print name) hereby affirm that all of the answers provided on the volunteer application are true and complete. I hereby authorize Vecinos Unidos Neighbors United to verify the information I have given and to conduct a background investigation to determine my suitability as a potential volunteer. I authorize others to make available to any duly authorized representative of Vecinos Unidos any information relevant to my volunteer application or status, and I waive any right I may have with regard to the release of this information to Vecinos Unidos. **(continued on back)**

I agree to indemnify, defend and hold harmless Vecinos Unidos and any person to whom this request is presented and their agents and employees, from and against any and all claims, damages, losses and expenses, including reasonable attorneys' fees, that may arise from Vecinos Unidos' investigation or actions taken as a result of its investigation.

I understand that the information requested in this application will be used only for the purpose of determining my fitness as a Vecinos Unidos volunteer and will not be released.

**Please note: All Vecinos Unidos volunteers who are 18 and older must undergo a criminal background check at no cost to the applicant. Once this form has been completed and turned in, you will receive an e-mail with a link to complete your background check. Your signature acknowledges your agreement with this policy.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

# High School Student Volunteer Application



# High School Student Volunteer Application

• [vecinosunidos.org](http://vecinosunidos.org) • [volunteer@vecinosunidos.org](mailto:volunteer@vecinosunidos.org) • 703-201-2809

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**VOLUNTEER INFORMATION:**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of High School \_\_\_\_\_ Grade \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Medical Information (optional):** Please list any severe allergies or serious medical conditions you want us to be aware of: \_\_\_\_\_

If you speak any languages fluently in addition to English, please list below:

Language: \_\_\_\_\_ Language: \_\_\_\_\_

Please check the day(s) you prefer to volunteer: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs

**AFFIRMATION AND RELEASE:**

I, \_\_\_\_\_ (PRINT NAME), hereby affirm that all of the answers provided on the volunteer application are true and complete. I hereby authorize Vecinos Unidos Neighbors United to verify the information I have given to determine my suitability as a potential volunteer. I authorize

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others to make available to any duly authorized representative of Vecinos Unidos any information relevant to my volunteer application or status, and I waive any right I may have with regard to the release of this information to Vecinos Unidos.

I agree to indemnify, defend and hold harmless Vecinos Unidos and any person to whom this request is presented and their agents and employees, from and against any and all claims, damages, losses and expenses, including reasonable attorneys' fees, that may arise from Vecinos Unidos' investigation or actions taken as a result of its investigation.

I understand that the information requested in this application will be used only for the purpose of determining fitness as a Vecinos Unidos volunteer and will not be released.

Volunteer Name (print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name and Signature if Volunteer is younger than 18:

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **VU Policy for Signing Off on Volunteer Hours**

**Vecinos Unidos will be glad to sign for your community service hours; however, we do not sign for fewer than 18 hours, our minimum volunteer commitment. This requirement gives our students enough time to really get to know you and gives you the opportunity to become familiar with our students' strengths and weakness, so you can best help them. Once you have completed a minimum of 18 hours working with our students, we will be happy to sign your school's form or to write a letter on your behalf to indicate the hours you have volunteered.**

**Please initial here \_\_\_\_\_ to indicate your understanding of our policy.**

**Thank you.**